## DEPARTMENT OF ENVIRONMENTAL QUALITY GRANT APPLICATION FOR

## WATER QUALITY IMPROVEMENT FUNDS FISCAL YEAR 2006

	SECTION I - ORGA	NIZATIONAL DATA
Name of Facility:		
VPDES Permit Number:		
Legal Name of Applicant:		
Applicant Address:		
Contact Person:		
Facility Type:	PUBLIC:	PUBLIC/PRIVATE PARTNERSHIP:
PHONE:	FAX:	
EMAIL		
Name of Consulting Engine	eer:	
Engineer Address:		
Contact Person:		
PHONE:	FAX:	
Provide a brief description	n of the proposed nutrient redu	ction project:
	PROJECT	T BUDGET
A) Design & Installation of	Nutrient Removal Technology	<u>/</u>
1) Land (only as an integral p	part of treatment process)	\$
<ul><li>2) A/E Basic Fees</li><li>3) Other Architectural/Engin</li></ul>	eering Fees	\$ \$
4) Construction Inspection F		\$ 
5) Physical Facilities Constr	uction	\$
6) Equipment Purchase/Insta		\$
<ul><li>7) Contingency (no more that</li><li>8) Other (explain below)</li></ul>	10% of items 5+6)	\$ \$

B) <u>Technical Assistance Grants</u>		<b>5</b>	
C) Estimated Grant Percentage**		<u>%</u>	
D) WQIF Grant Request Total [(A+B) x	Grant %]	\$	
E) Other Funding (identify source, i.e., L	ocal, SRF, Grants)	\$	
** See page 14 of WQIF Guidelines			
SECTION III - DEMON	NSTRATION OF A	NY EXTRAORDINARY NE	EDS
	sideration by reviewing Attach additional pages i	agency.	
Composite Fiscal Index Score/Classificat (This information can be obtained at the f			<u>s</u> )
SI	ECTION V – SERVI	ICE DATA	
	SEWER SERVICE	<u>USERS</u>	_
SERVICE AREA JURISDICTIONS	% OF FLOW BY JURISDICTION/IMA	NUMBER OF EXISTING RESIDENTIAL CONNECTIONS	
			-
			_
<u>'</u>			

% Domesti	C Flow
% Industria	l/Commercial Flow
	verage Monthly Household for Sewer \$
What was t	he date of the last sewer rate increase?
Details of V	Vastewater Rate Increase
	SECTION VI – IMPLEMENTATION STATUS
1)	Has a Preliminary Engineering Proposal been prepared (if yes, provide as an attachment)  What is the status of Plans and Specifications (i.e. final design)?
3)	When is construction expected to begin (if completed, provide the construction start date)?
	Descripted Schedule
	SECTION VII - ASSURANCES AND CERTIFICATIONS
are true, con	igned representative of the applicant certifies that the information contained herein and the attachments rrect and complete to the best of their knowledge and belief. The undersigned also agrees to clarify or information pertaining to this application upon request.
	CHIEF ADMINISTRATIVE OFFICER OF APPLICANT
Name	
Title	
Signature:	Date:

## SECTION VIII - REQUESTED ATTACHMENTS

Attach the existing rate schedule (user charge system) for sewer service.